

Underground Storage rank

9808/

Check those activities which apply: _____Tightness Testing Checklist

☐ Tightness Testing Checklist
☐ Retrofit/Repair Checklist
☐ Cathodic Protection Checklist

10589

The attached Underground Storage Tank (UST) checklists are required for each of the listed activities. The checklists certify that Tightness Testing, Retrofit/Repair and/or Cathodic Protection activities are performed and conducted in accordance with Chapter 173.360 WAC. Complete this form and the corresponding UST checklist for each activity checked above.

See back of form for instructions.

_		See back of form for instructions.
1.	UST SYSTEM LOCAT	TION AND OWNER
	UBI Number: 60 (UBI	# from Master Business License) Site ID Number: 80376029 (Available from Eeology II tank in Registered)
	Site/Business Name:	Big B Mini Mart DECEIVE
	Site Address:	1611 Canyon Rd. Kittitas MAY 1 4 1998 Street // ensburg. WA county 98926
	Telephone:	City State Zip+4 (required) ECOLOGY
	UST Owner/Operator:	BIG B MINI MART DBA GURMIT S. KAILA
	Mailing Address:	Street P.O. Box City State Zip+4 (required)
	Telephone:	1559-925-5721
2.	FIRM PERFORMING	WORK ,
	Service Company:	Ulrich Ind. Coatings Co.
	Service Co. Address:	P.O. Box 772
		City State 2 Zip+4 (required)
	Certified Supervisor:	W. Mike fretwell
	Address:	P.O. Box 772
		Street Hillsboro OR P.O. Box 97/23-0772 City State Zip+4 (required)
	IFIC Certification Num	ber: 1039436-25 Certification Issue Date (Month/Year): 02/97
	Telepho	one: <u>503.648.9587</u>

Ecology is an equal opportunity and affirmative action employer.

For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407-7170.

Underground Storage Tank

Site ID # _	B0376029
Site Addre	ss
City Elle	Canyon Rd.

Retrofit/Repair Checklist

This form must be completed for each UST system (tank and associated piping) retrofitted or repaired at the site. For more than four UST systems, you may photocopy this form prior to completing.

I. UST SYSTEM INFORMATION

,此一者。据《阿利特》的自己中华的代码》。	Tank 1	Tank 2	Tank 3	Tank 4
1. Tank ID # (tank name registered with Ecology)	3			
2. Date installed	8-1-79	0		
3. Tank capacity in gallons	4 K			
4. Tank material: (specify for each tank) Steel Composite Fiberglass (FRP) Other (specify)	· ·			
5. Tank construction (specify for each tank) (SW) single wall (DW) double wall (P) partitioned		8		

II. RETROFITTING/REPAIR INFORMATION

《中心》,"我们是不是我们的一个人,我们是不是不是不是不是不是不是我们的,我们就是不是我们的,我们就是不是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们	Tank 1	Tank2	Tank 3	Tank 4
Reason for retrofitting UST system (indicate all that apply)				
To comply with upgrading requirements for existing UST systems	V			
To repair structural defect(s) in tank		-		
Preventive maintenance				
To comply with corrective action requirements				
Other (describe)				
2. Type of retrofitting (indicate all that apply) Installation of internal lining: Alkyd • Epoxy • Phenolic • Glass • Other (specify) •				
Installation of spill and overfill prevention equipment Catchment Auto Shutoff Overfill Alarm Ball Float Valve Other (specify)	\(\sqrt{1} \)			

Site ID#_	B0374029
Site Addre	SS
City <u>E//</u>	Canyon Rd.

Retrofitting/Repair Checklist (continued)

II. RETROFITTING/REPAIR INFORMATION (continued)

1	但是在自己的主义的对象。但是这种特别的自	Tank 1	Tank 2	Tank 3	Tank 4
2.	Type of retrofitting (indicate all that apply)	11.03.1031.46	al de Carlos	20 al - 2	
	Installation of release detection equipment Automatic tank gauge (ATG) Vapor monitoring equipment Groundwater monitoring equipment Interstitial monitor		7		
	Automatic line leak detector • Other (specify) •	V			
	Tank repair (describe) • Replacement of metal pipe sections and fittings (indicate new piping material)			NI.	
	 Replacement of fiberglass pipe sections and fittings (indicate new piping material) Repair of fiberglass pipe sections and fittings Other (specify) 	Esoti	the int		
3.	Date of Completion of retrofit or repair(s) indicated above	4.23.98		82	
4.	Date of Tightness Test following retrofitting or repairs indicated above				

III. CHECKLIST

The following items shall be initialed by the Certified Supervisor whose signature appears below.	Yeş	No	N/A
 Have all items checked above been installed, repaired or replaced per code and manufacturer's requirements and in accordance with federal and/or state regulations? 	bourt		
2. Has the owner/operator been provided with written documentation of the item(s) installed, repaired or replaced?	Med		

IV .REQUIRED SIGNATURES

I hereby attest, that I have been the Certified Supervisor present on site during the above listed retrofitting/repair activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to underground storage tanks.

	lse information are subject to formal enforcemen	1
4-23-88	w Thowall	WM Fre-Twell
ate	Signature of Certified Supervisor	Print or Type Name
5-8-98	Gunst Sich Kall	GURMIT S. KAILA
Date	Signature of Tank Owner or Authorized Representative	

Underground Storage nk

C 10589 Jg



Check those activities which apply:

| Tightness Testing Checklist
| Retrofit/Repair Checklist
| Cathodic Protection Checklist

The attached Underground Storage Tank (UST) checklists are required for each of the listed activities. The checklists certify that Tightness Testing, Retrofit/Repair and/or Cathodic Protection activities are performed and conducted in accordance with Chapter 173.360 WAC. Complete this form and the corresponding UST checklist for each activity checked above.

See back of form for instructions. 1. UST SYSTEM LOCATION AND OWNER 601-150-655 Site ID Number: B 037 4029 UBI Number: (Available from Ecology if tank is Registered) Site/Business Name: Site Address: Telephone: UST Owner/Operator: Mailing Address: P.O. Box Zip+4 (required) City Telephone: 2. FIRM PERFORMING WORK Norton Corrosion Limited Service Company: 8820 222nd Street SE Service Co. Address: Street 98072 Woodinville WA City Zip+4 (required) State Kurt Hayashida Certified Supervisor: Same as above Address: P.O. Box Street Zip+4 (required) City State 06/96 99345 Certification Issue Date (Month/Year): IFIC Certification Number:

Ecology is an equal opportunity and affirmative action employer.

For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407-7170.

425-483-1616

Telephone:

eID# B	03	760.	29_
Site Address	1611	Cany	n Rd.
City Ellen	shurg	WI	98920

Underground Storage Tank

Cathodic Protection Checklist

The information provided in this section should reflect the UST system after the completion of cathodic protection installation or retrofit. Provide the following information for each tank that is cathodically protected with impressed current or sacrificial anodes. For more than four UST systems, you may photocopy this form prior to completing.

ST SYSTEM INFORMATION	Unleaded	Plus	Diesel 1	Super /Diese
6.5 12.5 元 多 J	Tank 1	Tank 2	Tank 3	Tank 4
1. Tank ID # (tank name registered with Ecology)	1	3	2	4
2. Year tank installed	1993	1998	1993	1990
3. Tank capacity in gallons	(0000	4000	10000	12000
4. Tank material	Steel	Steel	Steel	Stee)
5. Tank coating	Yes 1993	yes 1998	yes 1993	STIP
6. Piping construction material	Steel	Steel	Steel	Steel
7. Piping coatings	STEEL	stabl	FIBER	FIDER
Year catholic protection installed	1989	1989	1989	1990

II. CATHODIC PROTECTION INFORMATION

	Tank 1	Tank 2	Tank 3	Tank 4
Type of Cathodic Protection (check box)	是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个		达到的抽	
Sacrifical Anode (Galvanic)				
Impressed Current	/	V		
Check Box(es)				
Type of cathodic protection activity performed				
 Installation of new catholic protection system 		19		
 Retrofitting of existing catholic protection system 				
• Repair of existing catholic protection system				
Testing	V	V		
Other (describe in space below)				
3. Completion date of activity checked above	5-31-98	5-31-98	6-31-98	5-31-98

Site ID # B637	96020	2
Site Address [61]	CANYON	RD
City Ellens busy	WHA	8926

Cathodic Protection Checklist (continued)

The following items shall be initialed by the Certified Supervisor whose signature appears below.

All of the following items shall be initialed when cathodic protection systems are installed or retrofitted.

When cathodic protection testing is done solely to evaluate the performance of existing cathodic protection systems on existing UST installations only 10, 11 and 12 are required to be initialed.

. CATHODIC PROTECTION INSTALLATION/RETROFITTING	Yes	No	NA*
 If field-installed, has the cathodic protection system been designed by a person who is: 1) accredited or certified as being qualified by the National Associatio of Corrosion Engineers or 2) is a registered professional engineer who has certification or licensing that includes education and experience in corrosion control of buried or submerged metal piping systems and metal tanks? 			,
2. Are the size, type, location and installation of tank and piping anodes in the completed installation/retrofit as specified in the design plans and specification	ons?		
3. Have all existing anodes, anode connections and test leads been inspected and any required repairs or replacements been made? Output Description:			
4. For impressed current systems, does the installed rectifier meet design specific	rations?		
5. For impressed current systems, has the rectifier been installed per code and manufacturer's requirements?			
6. Are the electrical connections between system components per code and design specifications?	n 🗀		
7. Have provisions been made for testing cathodic protection systems or tanks(s) and piping as specified in WAC 173-360-305?			
8. Has the cathodic protection system installation/retrofit been tested after being energized according to applicable criteria in the National Association of Corrosion Engineers Standard RP-02-85?			
9. Has the owner/operator been provided with written documentation of the cathodic protection system installation/retrofit?			
Cathodic Protection Testing 10. Have all cathodic protection systems on tank(s) and piping been tested and inspected and determined to be properly operating according to applicable critic in National Association of Corrosion Engineers Standard RP-02-85?	teria Ø		. 🗆
11. Has the owner/operator been provided with written documentation of the resu of the cathodic protection system inspection and testing?	ilts 🗗		
12. List millivolt reading for each tank. Tank #1 1375 Tank #2 18 tem not applicable	358 Tank #3 2520	Tank#	1-867
REQUIRED SIGNATURES I hereby attest, that I have been the Certified Supervisor responsible for the above and to the best of my knowledge they have been conducted in compliance with all procedures, pertaining to underground storage tanks. Persons submitting false information are subject, to formal enforcement and/or pen	applicable state and feder	al laws, reg	ulations ar



UNDERGROU STORAGE TANK Retrofitting/Repair Checklist

d, U0008273

MAR 1 5/1980 494

The purpose of this form is to certify the proper retrofitting and/or repair of underground storage tank (UST) systems. (These activities shall be conducted in accordance with Chapter 173.360 WAC.) It will also be used to record any changes to information previously provided on the Notification form (ECY 020-32) for the specific UST system(s) resulting from the retrofit/repair described below.

Retrofitting and/or repair of cathodic protection systems shall be separately certified by a licensed Cathodic Protection Supervisor on the Cathodic Protection Checklist. All required tank and line tightness testing upon completion of the rerofit/repair shall be separately ceartified by a licensed tightness testing supervisor on the Tightness Testing Checklist.

This Retrofitting Checklist shall be completed and signed by a Licensed Installation and Retrofitting Supervisor. The licensed supervisor shall be on site when all retrofitting/repair activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a Service Provider. If any of the activities listed below have been supervised by a different licensed supervisor, a separate checklist shall be filled out and signed by the licensed supervisor performing those activities.

For further information about completing this form please contact the Department of Ecology UST Program.

A separate checklist must be completed for each UST system (tank and associated piping) where retrofitting/repair activities are conducted, except that UST systems retrofitted or repaired at one site may be reported together by completing pages 3 and 4 of this form separately for each UST system. The completed checklist should be mailed to the following address within 30 days of completion of retrofit/repair:

Underground Storage Tank Section, Department of Ecology, Mail Stop PV-11, Olympia, WA 98504-8711

1. UST SYSTEM OW	NER AND LOCATION	
UST Owner/Operator:	Big B Mini Mart	(Gurmit S. Kaila)
Owners Address:	Ellensburg WA	P.O. Box 9991
Telephone:	(509) 925-5721 State	ZIP-Code
	lce or available from Ecology if tank is registered):	0/0589
Site/Business Name E	Ding B Mini Mast	
Site Address:	16:11 Canyon Koad	Kittitas
JAN 10 19	Sllpnshura WA	98926
0.1	City State	ZIP-Code
2, TANK RETROFIT	TING/REPAIR PERFORMED BY:	
Firm:	Tank Liners, Inc.	License Number: <u>5000054</u>
Address:	3410 N.W. 264 th	P.O. Box
	Hillsbord OR State	97/24 2DP-Code
Telephone:	15031 648-7212	(I)
Licensed Supervisor:	- FW. RAYCRAFT	Installation/Retrofitting W 000725

3. AS-BUILT SITE PLAN

An as-built site plan of the retrofitted or repaired UST system(s) at this site must be shown in the space provided below Indicate locations of items retrofitted or repaired. Show North arrow and nearest street(s). Indicate tank ID number for each tank shown. The tank ID should be the number provided by the owner/operator on the Notification form.

. 12.3



tank low

STATION BLONG

[OH 0] (0110)

ANYON ROAD/South MAIN

CONTRACTOR WITH THE

Page 3 and 4 of this checklist. .st be completed separately for each US, system (tank and associated piping) retrofitted or repaired at the site. For more than one UST system you may photocopy this form prior to completing.

4. UST SYSTEM INFORMATION	14 2 · 12 · 7 ·
Tank ID number (as registered with Ecology): 2. Year installed: 1976	+
3. Tank capacitiy in gallons: 10,000	
4. Tank material: steel fiberglass reinforced plastic (FRP) composite other (specify) 5. Tank construction: single wall double wall partitioned	
5. RETROFITTING/REPAIR INFORMATION	
1. Reason for retrofitting UST system (indicate all that apply):	
Installation of spill and overfill prevention equipment catchment basin auto shutoff overfill alarm ball float valve other (specify)	
Installation_of release detection equipment automatic tank gauge vapor monitoring equipment groundwater monitoring equipment groundwater monitoring equipment Interstitial monitoring within double wall automatic line leak detector other (describe)	nent
Repair or replacement of release detection equipment automatic tank gauge vapor monitoring equipment groundwater monitoring equipment interstitial monitoring within secondary barrier interstitial monitoring within double wall automatic line leak detector other (describe)	nent
Tank repair (describe) Replacement of metal pipe sections and fittings (indicate new piping material) Replacement of fiberglass pipe sections and fittings (indicate new piping material) Repair of fiberglass pipe sections and fittings Other (describe)	
3. Date of completion of retrofit or repair(s) indicated above: 12.23.93	*

Page 3 and 4 of this checklist st be completed separately for each U. system (tank and associated piping) retrolitted or repaired at the site. For more than one UST system you may photocopy this form prior to completing.

Tank ID Number:			(
6. CHECKLIST	•	<u>, </u>	· /- /.
The following items shall be initialed by the licensed supervisor whose signature appears below.	Yes	No	NA*
Have all items checked above been installed, repaired or replaced per code and manufacturer's requirements and in accordance with federal and/or state regulations?	(MARIE	110	INA .
2. Has the owner/operator been provided with written documentation of the item(s) installed, repaired or replaced?	FWR.		
*Item not applicable I hereby certify that I have been the licensed supervisor present on site during the above listed reand to the best of my knowledge they have been conducted in compliance with all state and fed and procedures pertaining to underground storage tanks.	etrofitting/ eral laws,	repair a regulati	ctivitie ions
Persons submitting false information are subject to penalties under Chapter 173.360 WAC.			
Date FW Raysull Signature of Licensed Supervisor			_(
7. ADDITIONAL REQUIRED SIGNATURES			11/15
Date Jank hiners Inc. by Vrac Signature of Licensed Service Provider (firm) Owner or Authority	zed Represe	<u>Ilk</u>	ich
Date Signature of Tank Owner or Authorized Representative			· (

1 zirived at Big B Min: Mait, Canyon Rd in Ellensburg at approx 200 and told bary Burt, The extendent, that I was investigating possible spills or lakes at their facility. I told him that the two complaints were in the 125+ few weeks and that they were anonymons. I introduced sim Pazirson of The Hazardons Wzgte Program. I looked at the tanks. The South diesel tank is within 6" of soil, and had a ring of discoloration spokindit-Exprox 1' redins. It has a spill bucket that was empty. The soil movest it looked like fluid-had flowed over it. Natural drainage is towards this spot off The pad. No a I saw no dead plants or discoloration of soil. The North diesel tank had slight discoloration ring too moundit I' radins With what sumed to broken spill protection, but no fluid had collected in the bucket. The other tanks were as noted in notes attached - 1 nated the perimeter with sim and looked at the diecel pumps - 1 gaw some small normalstains and oil stains. I saw 2 drums to Nof office 12 belled "diesel sludge" and 2 drums behind office, unlabelled. Their tops were tealed. Atm I went to of File, told cary I didn't see evidence of spill. Jim Pearson told him that he'd writer letter gaying what laws apply to the wastedrums. We 1eft at 225. These notes were written immediately efferwards. 435 Huly94

John Wietfeld, UST, says soil would be discolored by diesel spill.

Diesel tant - S - spill protection, spill-bucket
overfill burchet
- 1'diam discolorina soil
By Late to the District Control of the Control of t
Blue cap-prem - S- overfill protection). spill bucket K
spill bucket L
within 6" of concrete
natural drainage
weeds of irt 6" (cap)
weeds dirt 6" (sp)
no plants de damaged S
danaged S
unled jullow - N - propen spill protection
- overfill protection
- no discoloring sound fill on spour
pad
diesel-N-
Wood chips
Wood chyps
dirt = 7-70 slight discoloring 1
dirt = 7'->0 slight discoloring!

proten spill protection?

leaded

broken over spill protection?

Overfill protection?

no discoloring around fill, pad

Gary Burt



UNDERGROUND STORAGE TANK

Tightness Testing Checklist



The purpose of this form is to certify the proper tightness testing of underground storage tank (UST) systems including connecting underground piping. Tightness testing shall be conducted in accordance with Chapter 173.360 WAC.

This Tightness Testing Checklist shall be completed and signed by a Licensed Tightness Testing Supervisor. The supervisor shall be on site when all tank tightness testing activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a Service Provider.

Underground storage tank rules require owners/operators to employ a licensed tank services provider to repair, replace, upgrade, or close the UST system and to begin corrective action in accordance with WAC 173-360-399 if the test results indicate that a leak exists.

For further information about completing this form, please contact the Department of Ecology UST Program.

A separate checklist must be completed for each UST system (tank and associated piping) tightness tested, except that separate UST systems tightness tested at one site may be reported together by completing page 2 of this form separately for each systematic completed checklist should be mailed to the following address within 30 days of completion of tightness testing.

AUG 1 0 1992

Underground Storage Tank Section Department of Ecology Mail Stop PV-11 Olympia, WA 98504-8711

1. UST SYSTEM OV	NER AND LOCATION	1	
UST Owner/Operator:	SINGH & KAILA	Big S	MINI MART
Owners Address:	1611 CANYON	1 Ro.	
	ELLENS BURG (509) 925 - 5721	WA	9.0. Box 98926
Telephone:	(509) 925 - 5721	State	2P-C006
. The second	*		
Site ID Number (on invo	olce or available from Ecology if tank is re	gistered):	10589
Site/Business Name:	Big B's Mini Mart		
Site Address:	1611 Canyon Road	E	Kittitas
	Ellensburg	WA	County
in a serie	City	WA State	98926 ZP-Code
v .	0 0 0 1 0 0 82 F/	-	
2. TIGHTNESS TES	TING PERFORMED BY:		
	1		
Firm:	CBC Enviro Engineering		License Number:S00302
Address:	1707 South 4490 West		P.O. Box 30777
	Salt_Lake_City	UT	84130 Code
Telephone:	(801) 972–3333	State	ZIP-Code
Licensed Supervisor:	Roger J. Brown		Tightness Testing License Number: W001278

This page must be completed septrately for each tank and associated piping to the site. For additional tanks you may photoc this form prior to completing.

3.	TANK AND TESTING INFORMATION
1.	Tank ID Number (as registered with Ecology): 1 2. Date installed: 6/6/75
3.	Tank capacity in gallons: 10,000 4. Last substance stored: Diesel
5.	Reason for conducting tightness test: To comply with leak detection requirements in UST rules System test to investigate suspected release Other (describe)
6.	Date tightness test was conducted: 7/8/92
7.	Type of test conducted: Tank tightness test X Line tightness test X
8.	Tightness testing method used:
	Test method name: IBEX System
	Test method manufacturer: IBEX Industries
	Volumetric Non-volumetric
	If a non-volumetric method was used indicate approximate percentage tank was filled during test relative to capacity
4.	CHECKLIST
	The following items shall be initialed by the licensed supervisor whose signature appears below. Yes No NA*
1.	Does the tightness testing method used meet the performance standard specified in the UST rules (e.g., detecting at least a 0.10 gallon per hour leak rate with probability of detection of at least 95% and probability of false alarm of no more than 5%)?
2.	Has the tightness testing method used been demonstrated by the manufacturer of the testing method to meet the above performance standard using EPA's standard test procedures for evaluating leak detection methods?
3.	Have all testing procedures recommended by the manufacturer of the testing method been followed while the test was being set up and conducted?
4.	Do the test results indicate that a leak exists in either the tank or piping system?
	If "yes" test results indicate that the leak is located in the: Tank Piping system
	If known, indicate leak rate:
5.	If Item No. 4 is checked "yes" has the owner/operator been notifed of the test results? NOTE: Underground storage tank rules require owners/operators to report all suspected releases to the Department of Ecology or delegated agency within 24 hours.
	*Item not applicable
d	hereby certify that I have been the licensed supervisor present on site during the above listed tightness testing activities and to the est of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and proceures pertaining to underground storage tanks.
P	ersons submitting false information are subject to penalties under Chapter 173.360 WAC.
_	7-14-97 Outo Signature of Interised Supervisor
-	ADDITIONAL REQUIRED SIGNATURES
٥.	ADDITIONAL REGULED GIGHT ONES
	7-14-92
-	Date Signature of Licenses Service Provider (firm) Owner or Authorized Representative
1	
	Date Signature of Tank Owner or Authorized Representative



UNDERGROU...) STORAGE TANK

Tightness Testing Checklist

The purpose of this form is to certify the proper tightness testing of underground storage tank (UST) systems including connecting underground piping. Tightness testing shall be conducted in accordance with Chapter 173.360 WAC.

This Tightness Testing Checklist shall be completed and signed by a Licensed Tightness Testing Supervisor. The supervisor shall be on site when all tank tightness testing activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a Service Provider.

Underground storage tank rules require owners/operators to employ a licensed tank services provider to repair, replace, upgrade, or close the UST system and to begin corrective action in accordance with WAC 173-360-399 if the test results indicate that a leak exists.

For further information about completing this form, please contact the Department of Ecology UST Program.

A separate checklist must be completed for each UST system (tank and associated piping) tightness tested, except that separate UST systems tightness tested at one site may be reported together by completing page 2 of this form separately for each system. If the completed checklist should be mailed to the following address within 30 days of completion of tightness testing:

AUG 1 0 1992

Underground Storage Tank Section Department of Ecology Mail Stop PV-11 Olympia, WA 98504-8711

1. UST SYSTEM OW	NER AND LOCATION		
UST Owner/Operator:	SINGH & KAILA	Bis B	MINI MART
Owners Address:	1611 CANYON	4	
	ELLENS BURG	WA	P.O. Box 9892.6
· Felephone:	(509) 925-5721	State	ZIP-Code
eleptione.	1-1123.312		
Site ID Number (on invo	ica or available from Ecology if tank is re	voistorad):	1059
	ice or available from Ecology if tank is re	egistered).	1 02 8 1
Site/Business Name:	Big B's Mini Mart		
Site Address:	1611 Canyon Road		Kittitas
Site Address:	Street		County
Site Address:		WA State	
	Street Ellensburg		County 98926
2. TIGHTNESS TES	Street Ellensburg City		County 98926
2. TIGHTNESS TES	Ellensburg City TING PERFORMED BY:		County 98926 ZIP-Code
940046600 444046666666 1	Ellensburg City TING PERFORMED BY: CBC Enviro Engineering 1707 South 4490 West	State	County 98926 ZIP-Code License Number: S00302 P.O. Box 30777 P.O. Box
2. TIGHTNESS TES	Ellensburg City TING PERFORMED BY: CBC Enviro Engineering 1707 South 4490 West		License Number: S00302

This page must be completed separately for each tank and associated piping sted at the site. For additional tanks you may photoc this form prior to completing.

3,	TANK AND TESTING INFORMATION		
1.	Tank ID Number (as registered with Ecology): 2 2. Date installed: 6/6/2)		
3.	Tank capacity in gallons: 10,000 4. Last substance stored: Unl	Leaded	
5.	Reason for conducting tightness test: X To comply with leak detection requirements in UST rules System test to investigate suspected release Other (describe)		
6	Date tightness test was conducted: 7/8/92		
7.	Type of test conducted: Tank tightness test X Line tightness test X		
8.	Tightness testing method used:		
	Test method name: IBEX System		
	Test method manufacturer: IBEX Industries		
	Volumetric X Non-volumetric		
	If a non-volumetric method was used indicate approximate percentage tank was filled during test relative to capacity		
4.	CHECKLIST		
	The following items shall be initialed by the licensed supervisor whose signature appears below.	es No	NA*
1.	Does the tightness testing method used meet the performance standard specified in the UST rules (e.g., detecting at least a 0.10 gallon per hour leak rate with probability of detection of at least 95% and probability of false alarm of no more than 5%)?	3	
2.	Has the tightness testing method used been demonstrated by the manufacturer of the testing method to meet the above performance standard using EPA's standard test procedures for evaluating leak detection methods?	Z	
3.	Have all testing procedures recommended by the manufacturer of the testing method been followed while the test was being set up and conducted?	B	
4.	Do the test results indicate that a leak exists in either the tank or piping system?		
	If "yes" test results indicate that the leak is located in the: Tank Piping system I	Sp.	
5.	If Item No. 4 is checked "yes" has the owner/operator been notifed of the test results?		
	NOTE: Underground storage tank rules require owners/operators to report all suspected releases to the Department of Ecology or delegated agency within 24 hours.		
	*Item not applicable		
b	hereby certify that I have been the licensed supervisor present on site during the above listed tightness testing lest of my knowledge they have been conducted in compliance with all applicable state and federal laws, regul lures pertaining to underground storage tanks. Persons submitting false information are subject to penalties under Chapter 173.360 WAC.	activities and dations and pr	to the oce-
'	7.14.92		
-	Date Signature of trensets Supervisor		
5	. ADDITIONAL REQUIRED SIGNATURES		
	7-14-92		8
	Date Signature of Densed Service Provider (him) Owner or Authorized Representative		
-	Date Signature of Tank Owner or Authorized Representative	•	



UNDERGROU...D STORAGE TANK

Tightness Testing Checklist

The purpose of this form is to certify the proper tightness testing of underground storage tank (UST) systems including connecting underground piping. Tightness testing shall be conducted in accordance with Chapter 173.360 WAC.

This Tightness Testing Checklist shall be completed and signed by a Licensed Tightness Testing Supervisor. The supervisor shall be on site when all tank tightness testing activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a Service Provider.

Underground storage tank rules require owners/operators to employ a licensed tank services provider to repair, replace, upgrade, or close the UST system and to begin corrective action in accordance with WAC 173-360-399 if the test results indicate that a leak exists.

For further information about completing this form, please contact the Department of Ecology UST Program.

A separate checklist must be completed for each UST system (tank and associated piping) tightness tested, except that separate UST systems tightness tested at one site may be reported together by completing page 2 of this form separately for each system. The completed checklist should be mailed to the following address within 30 days of completion of tightness testing:

AUG 1 0 1992

Underground Storage Tank Section Department of Ecology Mail Stop PV-11 Olympia, WA 98504-8711

1. UST SYSTEM OW	NER AND LOCATION		* 350
JST Owner/Operator:	SINGH & KAICA	Big B	8 Mini MART
Owners Address:	1611 CANYON Street	ROAD	P.O. Box
	ELLENSBURG	State WA	98986 ZIP-Code
elephone:	(509) 925-5721		
			**
ite ID Number (on invo	ice or available from Ecology if tank is reg	gistered):	010589
Site/Business Name:	Big B's Mini Mart		
Site Address:	1611 Canyon Road		Kittitas
	Street	9223	County
	Ellensburg	WA	98926
	City	State	ZP-Code
2. TIGHTNESS TES			∑P-Code
	City		ZP-Code License Number: S00302
2. TIGHTNESS TES Firm: Address:	CHY TING PERFORMED BY: CBC Enviro Engineering 1707 South 4490 West		License Number: <u>S00302</u> P.O. Box 30777
Firm:	City TING PERFORMED BY: CBC Enviro Engineering 1707 South 4490 West Street	State	License Number: <u>S00302</u> P.O. Box 30777 P.O. Box
Firm:	CHY TING PERFORMED BY: CBC Enviro Engineering 1707 South 4490 West		License Number: <u>S00302</u> P.O. Box 30777

This page must be completed se tely for each tank and asso ...d piping ted at the site. For addltional tanks you may photocr this form prior to completing. 3. TANK AND TESTING INFORMATION 1. Tank ID Number (as registered with Ecology): 2. Date installed: 4,000 3. Tank capacity in gallons: 4. Last substance stored: Regular Reason for conducting tightness test: To comply with leak detection requirements in UST rules System test to investigate suspected release Other (describe) 7/8/92 6. Date tightness test was conducted: Tank tightness test X Line tightness test X 7. Type of test conducted: 8. Tightness testing method used: IBEX System Test method name: IBEX Industries Test method manufacturer: Volumetric Non-volumetric If a non-volumetric method was used indicate approximate percentage tank was filled during test relative to capacity 4. CHECKLIST The following items shall be initialed by the licensed supervisor whose signature appears below. NA* Yes No Does the tightness testing method used meet the performance standard specified in the UST rules (e.g., detecting at least a 0.10 gallon per hour leak rate with probability of detection of at least 95% and probability of false alarm of no more than 5%)? 2. Has the tightness testing method used been demonstrated by the manufacturer of the testing method to meet the above performance standard using EPA's standard test procedures for evaluating leak detection methods? Have all testing procedures recommended by the manufacturer of the testing method been followed while the test was being set up and conducted? 4. Do the test results indicate that a leak exists in either the tank or piping system? If "yes" test results indicate that the leak is located in the: Tank Piping system If known, indicate leak rate: 5. If Item No. 4 is checked "yes" has the owner/operator been notifed of the test results? NOTE: Underground storage tank rules require owners/operators to report all suspected releases to the Department of Ecology or delegated agency within 24 hours.

I hereby certify that I have been the licensed supervisor present on site during the above listed tightness testing activities and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures pertaining to underground storage tanks.

Persons submitting false information are subject to penalties under Chapter 173.360 WAC.

	600	
7-14-92	Topy 1	
Date	Signature of themsed Supervisor	

5. ADDITIONAL REQUIRED SIGNATURES

7-14-92	21
Date	Signature of License Service Provider (Irm) Owner or Authorized Representative
7/20/92	J Salsu SS

Signature of Tank Owner of Authorized Representative

Date

*Item not applicable



UNDERGROUN STORAGE TA Retrofitting/Repair Checklist



The purpose of this form is to certify the proper retrofitting and/or centify the proper tank (UST) systems. These activities shall be conducted in accordance with Chapter 173.360 WAC.) It will also be used to record any changes to information previously provided on the Notification form (ECY 020-32) for the specific UST system(s) resulting from the retrofit/repair described below.

Retrofitting and/or repair of cathodic protection systems shall be separately confified by a licensed Cathodic Protection Supervisor on the Cathodic Protection Checklist. All required tank and line tightness testing upon completion of the rerofit/repair shall be separately ceartified by a licensed tightness testing supervisor on the Tightness Testing Checklist.

This Retrofitting Checklist shall be completed and signed by a Licensed Installation and Retrofitting Supervisor. The licensed supervisor shall be on site when all retrofitting/repair activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a Service Provider. If any of the activities listed below have been supervised by a different licensed supervisor, a separate checklist shall be filled out and signed by the licensed supervisor performing those activities.

For further information about completing this form please contact the Department of Ecology UST Program.

A separate checklist must be completed for each UST system (tank and associated piping) where retrofitting/repair activities are conducted, except that UST systems retrofitted or repaired at one site may be reported together by completing pages 3 and 4 of this form separately for each UST system. The completed checklist should be mailed to the following address within 30 days of completion of retrofit/repair:

Underground Storage Tank Section, Department of Ecology, Mail Stop PV-11, Olympia, WA 98504-8711

1. UST SYSTEM OV	VNER AND LOCATION	7 17 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
UST Owner/Operator:	BIG B MINI MART. (GL	IRMIT S. KAILA)
Owners Address:	1611 CANYON RD	
Telephone:	ELLENSBURG WB City State (509) 925-5721	P.O. BOX OBEPARTMENT OF ECOLOG ZIUNBERGROUND STORAGE TANK RECEIVED
Site ID Number (on Invo	olce or available from Ecology if tank is registered): 0/05	89 - 2 APR 3.0 1993
Site/Business Name:(-)		
Site Address:	1611 CANYON RD	KiHitas
ar a	ELLENSBURG WA	78926
	City State	ZP-Code
2. TANK RETROFIT	TING/REPAIR PERFORMED BY:	70.004 (N. 1900) A. 1900 (N. 1900) (N. 1900)
Firm:	Tank Liners, Inc.	icense Number: <u>5000054</u>
Address:	3410 N. W. 264th	
	Hillsboro OR State	97/24 97/24
Telephone:	15031 648-7212	27-5000
Licensed Supervisor:	Wiley M Fretwell Lic	tallation/Retrofitting ense Number: 4002125
<u></u>		

3. AS BUILT SITE PLAN

An as-built site plan of the retrofitted or repaired UST system(s) at this site must be shown in the space provided below. Indicate locations of items retrofitted or repaired. Show North arrow and nearest street(s). Indicate tank ID number for each tank shown. The tank ID should be the number provided by the owner/operator on the Notification form.

Always contact local authorities regarding permit requirements.

15 15

Page 3 and 4 of this checklis—ust be completed separately for each L system (tank and associated piping) retrofitted or repaired at the site. For more than one UST system you may photocopy this form prior to completing.

4. UST SYSTEM INFORMATION	e e e e e e e e e e e e e e e e e e e
1. Tank ID number (as registered with Ecology): 0/0 589	2 2. Year Installed:
3. Tank capacitly in gallons: 10 K.	
4. Tank material:	5. Tank construction:
steel	single wall
fiberglass reinforced plastic (FRP)	double wall
composite	partitioned
other (specify)	
5. RETROFITTING/REPAIR INFORMATION	
Reason for retrofitting UST system (indicate all that apply):	
1. Heason for retrolliting 651 system (moleste all that apply).	
To comply with upgrading requirements for existing US	T systems
To repair structural defect(s) in tank	
Preventive maintenance	
To comply with corrective action requirements	
Other (describe)	
2. Type of retrofitting (indicate all that apply):	₽
Installation of Internal lining	
rubber alkyd epoxy pheno	lic glass other (specify)
Installation of spill and overfill prevention equipment	¥
catchment basin auto shutoff overfill ala	arm ball float valve other (specify)
	,
Installation of release detection equipment	
	onitoring equipment groundwater monitoring equipment
Interstitial monitoring within secondary barrier	Interstitial monitoring within double wall
automatic line leak detector other (descri	ibe)
Repair or replacement of release detection equipment	6
automatic tank gauge vapor mo	onitoring equipment groundwater monitoring equipment
Interstitial monitoring within secondary barrier	interstitial monitoring within double wall
Tank repair (describe) EPOKIE	
THE CONTROL OF CONTROL OF THE PROPERTY CONTROL OF THE STREET CONTROL OF THE CONTR	te new piping material)
Replacement of fiberglass pipe sections and fittings (in Repair of fiberglass pipe sections and fittings	dicate new piping material)
Other (describe)	
Office (describe)	
, 3. Date of completion of retrofit or repair(s) Indicated above:	-20.930
	,

Page 3 and 4 of this checklist m be completed separately for each US1 stem (tank and associated piping) retrofitted or repaired at the site. For more than one UST system you may photocopy this form prior to completing.

Tank ID Number: 0/0 589 - 2	8		1
6. CHECKLIST	f		- 't'
The following items shall be initialed by the licensed supervisor whose signature appears below.			
	Yes	No	NA*
Have all items checked above been installed, repaired or replaced per code and manufacturer's requirements and in accordance with federal and/or state regulations?	WINF		
 Has the owner/operator been provided with written documentation of the item(s) installed, repaired or replaced? 	WINA		
*Item not applicable			
I hereby certify that I have been the licensed supervisor present on site during the above listed re	trofittinali	repair a	ctivities
and to the best of my knowledge they have been conducted in compliance with all state and federand procedures pertaining to underground storage tanks.	ral laws,	régulat	ions
Persons submitting false information are subject to penalties under Chapter 173.360 WAC.			
4- 20 93 Welly M fretwell			
Date Signature of Licensed Supervisor			(
·			
w.			
ά			
7. ADDITIONAL REQUIRED SIGNATURES		WAN	的數形
4-26-93 Tank Liners, Inc. by Tra	L	Ulle	ich
Date Signature of Licensed Service Provider (firm) Owner or Authoriz	ed Represe	ntative	
11/			
4/21/99 Grando Sufficant			
Date / Signature of Tank Owner or Authorized Representative			



UNDERGROUND STORAGE TANK

Tightness Testing Checklist

APR 1 1993



The purpose of this form is to certify the proper tightness testing of underground storage tank (UST) systems including connecting underground piping. Tightness testing shall be conducted in accordance with Chapter 173.360 WAC.

This Tightness Testing Checklist shall be completed and signed by a Licensed Tightness Testing Supervisor. The supervisor shall be on site when all tank tightness testing activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a Service Provider.

Underground storage tank rules require owners/operators to employ a licensed tank services provider to repair, replace, upgrade, or close the UST system and to begin corrective action in accordance with WAC 173-360-399 if the test results indicate that a leak exists.

For further information about completing this form, please contact the Department of Ecology UST Program.

A separate checklist must be completed for each UST system (tank and associated piping) tightness tested, except that separate UST systems tightness tested at one site may be reported together by completing page 2 of this form separately for each system of the completed checklist should be mailed to the following address within 30 days of completion of tightness testing. DIRDERGROUND STATES THE COMPLETE THE PROPERTY OF THE PRO

AUG 1 0 1992

Underground Storage Tank Section Department of Ecology Mail Stop PV-11 Olympia, WA 98504-8711

1. UST SYSTEM OV	VNER AND LOCATION	-14-16-53-	
UST Owner/Operator:			MINI MART
Owners Address:	(611 CANYON Street ELLENSBURG City (509) 925 - 5721	Ro.	P.O. Box
14	ELLENSBURG	WA	98926
Telephone:	(509) 925 - 5721	State	ZIP-Code
			
Site ID Number (on inve	oice or available from Ecology if tank is regi	istered): 6/	0589
Site/Business Name:	Big B's Mini Mart	otorody	
Site/Dusilless Name.			
Site Address:	1611 Canyon Road		Kittitas
	Street	52521	County
	Ellensburg	WA	98926 ZIP-Code
	City	State	27-2006
2. TIGHTNESS TES	TING PERFORMED BY:		
Firm:	CBC Enviro Engineering		License Number:S00302
	and Emily Brighteel Inc		
Address:	1707 South 4490 West		P.O. Box 30777
	Salt Lake City	UT	84130 Code
Telephone:	(801) 972-3333	State	717 Code
Licensed Supervisor:	Roger J. Brown		Tightness Testing License Number: W001278
P.54			

This page must be completed se, ately for each tank and associated piping ted at the site. For additional tanks you may photocop this form prior to completing.

3.	TANK AND TESTING INFORMATION
1.	Tank ID Number (as registered with Ecology): 1 2. Date installed: 6/6/7.5
3.	Tank capacity in gallons: 10,000 4. Last substance stored: Diesel
5.	Reason for conducting tightness test: X To comply with leak detection requirements in UST rules System test to investigate suspected release Other (describe)
6	Date tightness test was conducted:
7.	Type of test conducted: Tank tightness test K Line tightness test X
8.	Tightness testing method used:
	Test method name: IBEX System
	Test method manufacturer: IBEX Industries
	Volumetric Non-volumetric
	If a non-volumetric method was used indicate approximate percentage tank was filled during test relative to capacity
4.	CHECKLIST
	The following items shall be initialed by the licensed supervisor whose signature appears below. Yes No NA*
1.	Does the tightness testing method used meet the performance standard specified in the UST rules (e.g., detecting at least a 0.10 gallon per hour leak rate with probability of detection of at least 95% and probability of false alarm of no more than 5%)?
2.	Has the tightness testing method used been demonstrated by the manufacturer of the testing method to meet the above performance standard using EPA's standard test procedures for evaluating leak detection methods?
3.	Have all testing procedures recommended by the manufacturer of the testing method been followed while the test was being set up and conducted?
4.	Do the test results indicate that a leak exists in either the tank or piping system?
	If "yes" test results Indicate that the leak is located in the: Tank Piping system
	If known, indicate leak rate:
5.	If Item No. 4 is checked "yes" has the owner/operator been notifed of the test results? NOTE: Underground storage tank rules require owners/operators to report all suspected releases to the Department of Ecology or delegated agency within 24 hours.
	*Item not applicable
h	hereby certify that I have been the licensed supervisor present on site during the above listed tightness testing activities and to the est of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and proceures pertaining to underground storage tanks.
P	ersons submitting false information are subject to penaltics under Chapter 173.360 WAC.
_	1-14-92
-	Date Signature of Licensed Supervisor
5.	ADDITIONAL REQUIRED SIGNATURES
	7-14-62
-	Date Signature of Ucensea Service Provider (firm) Owner or Authorized Representative
-	Date Signature of Tank Owner or Authorized Representative



UNDERGROUND STORAGE TANK

Tightness Testing Checklist

The purpose of this form is to certify the proper tightness testing of underground storage tank (UST) systems including connecting underground piping. Tightness testing shall be conducted in accordance with Chapter 173.360 WAC.

This Tightness Testing Checklist shall be completed and signed by a Licensed Tightness Testing Supervisor. The supervisor shall be on site when all tank tightness testing activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a Service Provider.

Underground storage tank rules require owners/operators to employ a licensed tank services provider to repair, replace, upgrade, or close the UST system and to begin corrective action in accordance with WAC 173-360-399 if the test results indicate that a leak exists.

For further information about completing this form, please contact the Department of Ecology UST Program.

A separate checklist must be completed for each UST system (tank and associated piping) tightness tested, except that separate UST systems tightness tested at one site may be reported together by completing page 2 of this form separately for each system. (The completed checklist should be mailed to the following address within 30 days of completion of tightness testing:

AUG 1 0 1992

Underground Storage Tank Section Department of Ecology Mail Stop PV-11 Olympia, WA 98504-8711

1. UST SYSTEM OW	NER AND LOCATION		
UST Owner/Operator:	SINGH & KAILA	Bis B	MINI MART
Owners Address:	1611 CANYON	Ro.	
Telephone:	ELLENS BURG City (509) 925-5721	US A	P.O. Box 98926 ZIP-Code
releptione.	1-11-125		
			-
Site ID Number (on invo	pice or available from Ecology if tank is re	egistered): ු ර	10589
Site/Business Name:	Big B's Mini Mart	3	
Site Address:	1611 Canyon Road		Kittitas
	Street		County
	Ellensburg City	WA State	98926 zip-code
2. TIGHTNESS TES	TING PERFORMED BY:		
Firm:	CBC Enviro Engineering		License Number: S00302
Address:	1707 South 4490 West		P.O. Box 30777
	Salt Lake City	UT	P.O. Box
	City	State	84130 ZIP-Code
Telephone:	(801)972-3333	14.1	
Licensed Supervisor:	Roger J. Brown		Tightness Testing License Number: W001278

This page must be completed se, ately for each tank and associated piping ted at the site. For additional tanks you may photocopy this form prior to completing.

3.	TANK AND TESTING INFORMATION	
1.	Tank ID Number (as registered with Ecology): 2 2. Date installed: 6/6/75	
3.	Tank capacity in gallons: 10,000 4. Last substance stored: Unleaded	
5.	Reason for conducting tightness test: X To comply with leak detection requirements in UST rules System test to investigate suspected release Other (describe)	
6.	Date tightness test was conducted: 7/8/92	
7.	Type of test conducted: Tank tightness test X Line tightness test X	
8.	Tightness testing method used:	
	Test method name: IBEX System	
	Test method manufacturer: IBEX Industries	
	Volumetric Non-volumetric	
	If a non-volumetric method was used indicate approximate percentage tank was filled during test relative to capacity	
4,	CHECKLIST	
	The following items shall be initialed by the licensed supervisor whose signature appears below. Yes No N	NA*
1.	Does the tightness testing method used meet the performance standard specified in the UST rules (e.g., detecting at least a 0.10 gallon per hour leak rate with probability of detection of at least 95% and probability of false alarm of no more than 5%)?	
2.	Has the tightness testing method used been demonstrated by the manufacturer of the testing method to meet the above performance standard using EPA's standard test procedures for evaluating leak detection methods?	
3.	Have all testing procedures recommended by the manufacturer of the testing method been followed while the test was being set up and conducted?	
4.	Do the test results indicate that a leak exists in either the tank or piping system?	
	If "yes" test results indicate that the leak is located in the: Tank Piping system	
	If known, indicate leak rate:	
5.	If Item No. 4 is checked "yes" has the owner/operator been notifed of the test results? NOTE: Underground storage tank rules require owners/operators to report all suspected releases to the Department of Ecology or delegated agency within 24 hours.	
	*Item not applicable	
be	hereby certify that I have been the licensed supervisor present on site during the above listed tightness testing activities and to est of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and proc tres pertaining to underground storage tanks.	the e-
P	ersons submitting false information are subject to penalties under Chapter 173.360 WAC.	
	7.14.91 Signature of Licensed Supervisor	
5	ADDITIONAL REQUIRED SIGNATURES	
٥,	/ -	
	7-14-92 Paul	
	Date Signature of Censed Service Provider (hrm) Owner or Authorized Representative	
_	Date Signature of Tank Owner or Authorized Representative	



UNDERGROUND STORAGE TANK

Tightness Testing Checklist

The purpose of this form is to certify the proper tightness testing of underground storage tank (UST) systems including connecting underground piping. Tightness testing shall be conducted in accordance with Chapter 173.360 WAC.

This Tightness Testing Checklist shall be completed and signed by a Licensed Tightness Testing Supervisor. The supervisor shall be on site when all tank tightness testing activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a Service Provider.

Underground storage tank rules require owners/operators to employ a licensed tank services provider to repair, replace, upgrade, or close the UST system and to begin corrective action in accordance with WAC 173-360-399 if the test results indicate that a leak exists.

For further information about completing this form, please contact the Department of Ecology UST Program.

A separate checklist must be completed for each UST system (tank and associated piping) tightness tested, except that separate UST systems tightness tested at one site may be reported together by completing page 2 of this form separately for each system. The completed checklist should be mailed to the following address within 30 days of completion of tightness testing:

AUG 1 0 1992

Underground Storage Tank Section Department of Ecology Mail Stop PV-11 Olympia, WA 98504-8711

1. UST SYSTEM OW	NER AND LOCATION	0.000	
UST Owner/Operator:	SINGH & KAICA		Mini MART
Owners Address:	1611 CANYON Street	ROAD.	P.O. Box
elephone:	1611 CANYON Street ELLENSBURG City (529) 925-5721	State JA	9898.6 ZP-Code
ann was en engage	ice or available from Ecology if tank is reg	istered):	5/0589
Site/Business Name:	Big B's Mini Mart		
Site Address:	1611 Canyon Road		Kittitas
	Street	35221	County
	Ellensburg City	WA State	98926 ZIP-Code
2. TIGHTNESS TES	TING PERFORMED BY:		
	CBC Enviro Engineering		License Number: S00302
Firm:	CONTROL OF THE PROPERTY OF THE		
Firm:	CBC Enviro Engineering 1707 South 4490 West		License Number: <u>S00302</u> P.O. Box 30777 P.O. Box
Firm:	CBC Enviro Engineering 1707 South 4490 West Street Salt Lake City	UT	P.O. Box 30777 P.O. Box 84130
2. TIGHTNESS TEST Firm: Address: Telephone:	CBC Enviro Engineering 1707 South 4490 West	UT State	P.O. Box 30777 P.O. Box

This page must be completed see tely for each tank and associated piping ed at the site. For additional tanks you may photocopy this form prior to completing.

3.	TANK AND TESTING INFORMATION			
1.	Tank ID Number (as registered with Ecology):	32		
3.	Tank capacity in gallons: 4,000 4. Last substance stored: F	Regular		
5.	Reason for conducting tightness test: X To comply with leak detection requirements in UST ru System test to investigate suspected release Other (describe)			
6	Date tightness test was conducted: 7/8/92			
7.	Type of test conducted: Tank tightness test X Line tightness test X			
8.	Tightness testing method used:		57	
	Test method name: IBEX System			
	Test method manufacturer: IBEX Industries			
	Volumetric Non-volumetric			
	If a non-volumetric method was used indicate approximate percentage tank was filled during test relative to capacity	6_		
4.	CHECKLIST			
	The following items shall be initialed by the licensed supervisor whose signature appears below.	Yes	No	NA*
1.	Does the tightness testing method used meet the performance standard specified in the UST rules (e.g., detecting at least a 0.10 gallon per hour leak rate with probability of detection of at least 95% and probability of false alarm of no more than 5%)?	Alis .		
2.	Has the tightness testing method used been demonstrated by the manufacturer of the testing method to meet the above performance standard using EPA's standard test procedures for evaluating leak detection methods?	MA		
3.	Have all testing procedures recommended by the manufacturer of the testing method been followed while the test was being set up and conducted?	THE		
4.	Do the test results indicate that a leak exists in either the tank or piping system?		an	
	If "yes" test results indicate that the leak is located in the: Tank Piping system		OSIFE	
	If known, indicate leak rate:			
5,	If Item No. 4 is checked "yes" has the owner/operator been notifed of the test results? NOTE: Underground storage tank rules require owners/operators to report all suspected releases to the Department of Ecology or delegated agency within 24 hours.			
Г	*Item not applicable	ines:		
di	hereby certify that I have been the licensed supervisor present on site during the above listed tightness te est of my knowledge they have been conducted in compliance with all applicable state and federal laws, ures pertaining to underground storage tanks.	sting activ regulatio	vities and ns and pr	to the
P	ersons submitting false information are subject to penalties under Chapter 173.360 WAC.			
_	7-14-92 Signature of Ligensed Supervisor			
5.	ADDITIONAL REQUIRED SIGNATURES			
_	7-14-92 Paul	-23-11		
	Date Signature of License Service Provider (firm) Owner or Authorized Representative 1/20/92 Signature of License Service Provider (firm) Owner or Authorized Representative			340
-	Date Signature of Tank Owner or Authorized Representative			

	For Ecolog	y Use Only	
666	- 7 1991		
£9.05-7	~ 1 1991	Til3/I ₩	



UNDERGROUND STORAGE TANK Notice of Intent to Install

The purpose of this form is to provide the Department of Ecology with notice of intent to install an UST. It must be received at least 30 days prior to the installation. It must be signed and dated by either the owner/operator of the UST to be installed or his/her authorized representative (this could be the firm contracted to do the work).

A Notification Form (ECY 020-32) and Installation Checklist (ECY 010-156) will be sent in response to this notice, and must be completed and submitted by the owner/operator and tank services provider, respectively, within 30 days of bringing the installed tanks into service.

For questions on completing this form please call (206) 493-9225.

The completed checklist should be mailed to:

Please type or use ink.

Underground Storage Tank Section Department of Ecology

Mail Stop PV-11 Olympia, WA 98504-8711 DEPARTMENT OF COMPERCIONAL DICKS

MAY 24 1991

1. TANK OWNER AND	LOCATION			
- Property	BIG B MIN	11 MART		
UST Owner/Operator:	1611 CHNS	YON RD.		
Owners Mailing Address:	ELLEMS BU			P.O. Box 98926
Section 200 Section 100 Contract Contra	City	State		ZIP-Code
Telephone: _	(509) 925- 57	71		successor State (2 m Annual
Site ID Number (on invoic	e or available from Ecology if othe	er tanks at this site are req	pistered): O O	5-89
(Replacement tanks will re	etain the original site number)			
Site/Business Name:	SAME A	BUVE		
Site Address:	Street		-	
Site Address.				County
-				ZIP-Code
	City	State		ZIP-Code
2. TANK INSTALLATI	ON TO BE PERFORMED BY	(If known):		
	0			
Firm:	APPLELAND Pump &		_ License Number:	
Address:	380 E Penny	RJ	3011	
Address.	WENATCHEE			P.O. Box
97	WENATCHEE	W A State	NEW YORK THE TANK	9880T
Telephone:	()	Cor	ntact Name:	n GAMMBLE

3. INSTALLATION INF	ORMAT				
Please Indicate (as much	as is known at this tim	e) your plans for th	e installation of these tanks	:	
ID Number Owner Will Use 4. DIESEL	Capacity of Tank (gallons) るひとむ	Type of Tank (steel, FRP)	Cathodic Protection Type* STIP 3 (C Pm)	Substance to be Stored	Date of Intended Use
5, SUPERLINIEAD	LI LIGOU	steel	STIP3 (CPM)	SuperUnleaded	_NO18,90
*Not required for fiberglas	ss reinforced plastic (F	RP) tanks.	7	***	
If any of the tanks are rep (by a different ID number NoTE! TANK I	lacement tanks for pre) the tank replacing it: りんし、イ タ 5	viously registered to	anks, please give the ID nu Compartments	mber of the old tank and	d indicate
	en INSTALLED				
4. SIGNATURE OF TA	NK OWNER/OPE	RATOR OR AUTH	ORIZED REPRESENT	ATIVE:	
I hereby certify that the Chapter 173-360 WAC.		d at this site, and	the installation process,	will meet all of the re	quirements o
Siz 16 u	i St		ARTNER Title	5/1: Date	0/9/
CY 010-183 (2/91)					page
Please send me the	e Information Packet fo	or Tank Owners.			

Note: It is anticipated that during 1991 additional air pollution regulation of gasoline vapor will become effective. If you have not been contacted regarding these new requirements before completing your plans to install or upgrade gasoline storage tanks you should call John Raymond with the Department of Ecology Air Quality Program at (206) 459-6261.

VII. CERTI	FICATION OF COMPLIA	ANCE astendard as separate sheet if information differs for different tanks.)					
		0 0					
OWNER N	IAME (from Section I)	1319 B MINI MART					
LOCATION (from Section III) 1611 CANYON RD.							
		ELLENSBURG, WA 98926					
		509 - 925- 5721					
I his is nece	nation requested in items " essary to ensure consistency ted when the state form is	o" and "p" below duplicate information requested in items "f' and "g" of the form. with federal rules; PLEASE COMPLETE ALL FOUR items. This duplication will revised.					
o. Release	Detection (circle all letter	rs that apply):					
(A) N	fanual tank gauging.						
T (II)	ank tightness testing with	inventory controls.					
	Automatic tank gauging. Vapor monitoring.						
E C	Ground-water monitoring.						
F. I	nterstitial monitoring with	in a secondary barrier.					
G, I	nterstitial monitoring with	in secondary containment.					
	Automatic line leak detecto	Drs.					
	Line tightness testing. Another method. Please specified in the properties of the p						
J. /	Another method. Flease s	Jectiy:					
p. Corro	sion Protection (if applica	ble, circle all letters that apply):					
(A)	Coated steel tanks with cat	hadis protestion					
B	Coated steel piping with ca	athodic protection.					
	Another method. Please s						
q. Instal	llation was completed by a	licensed tank services provider?					
(A)	Yes						
B.	No						
r. I have	financial responsibility in sary). Please specify:	accordance with federal requirements (check compliance dates to determine when this					
	Method:	APLIED FOR INSURENCE					
	Insurer:						
	Policy Number	APLIED FOR					

٠٠٠ <u>.</u>



UNDERGROUND STORAGE TANK Installation Checklist

The purpose of this form is to certify the proper installation of underground storage tank (UST) systems. Installation shall be in accordance with Chapter 173.360 WAC. Washington State UST rules also require submittal of a Notification form (ECY 020-32) within 30 days of bringing any newly installed UST system into use.

This Installation Checklist shall be completed and signed by a Licensed Installation and Retrofitting Supervisor. The licensed supervisor shall be on site when all tank installation activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a Service Provider. If any of the activities in section 4 have been supervised by a different licensed supervisor, a separate checklist must be filled out and signed by the licensed supervisor performing those activities.

All required tank and line tightness testing during and upon completion of UST system installation shall be separately certified by a licensed tightness testing supervisor on the Tightness Testing Checklist. All required installation and testing of cathodic protection systems upon completion of UST system installation shall be separately certified by a licensed cathodic protection supervisor on the Cathodic Protection Checklist. If the tank is pre-engineered for cathodic protection a corrosion expert is still required to design the field installation of any piping corrosion protection.

For further information about completing this form, please contact the Department of Ecology UST Program.

The completed checklist should be mailed to the following address within 30 days after completing the installation:

Underground Storage Tank Section, Department of Ecology, Mail Stop PV-11, Olympia, WA 98504-8711

1. UST SYSTEM OV	VNER AND LOCATION						
lo accompanies		(2' 2 4' '3442)					
UST Owner/Operator:	BALBIR SINGH & GURMIT S.K	AILA (BIG B MINI MART)					
Owners Address:	1611 CANYON RD.	P.O. Box					
5	ELLENSBURG WA	98926 ZIP-Code					
Telephone:	(509) 925- 5721						
Site ID Number (on invoice or available from Ecology if other tanks have been registered at this site): 0/0589							
Site/Business Name:	BIG B MINI MART						
Site Address:	1611 CANYON RD.	KITTI TAS					
	ELLENSBURG WA	98926					
	City State	ZIP-Code					
2. TANK INSTALLATION PERFORMED BY:							
	Λ						
Firm:	APPLELAND Rump & Equipment	License Number:					
Address:	<i>V</i> .						
7.007.000.	Street	P.O. Box					
	WENATCHEE WA	988 p.d.					
Telephone:	()	ZP-Code 98801					
The second first state of the second		Installation/Retrofitting					
Licensed Supervisor:	Jim GAMMLE	License Number:					

3. AS-BUILT SITE PLAN	s subkrau	A CLASS ELLIPSE	andigut	KATYIMI
An as-built site plan of the tank and arrow and nearest street(s). Indicate Show the location and configuration each tank shown. The tank ID shows	te tank and piping dimension of the completed installated	ons and distances to adjaction. Show adjacent struc	ent structures and partures. Indicate tank	roperty lines. ID number for
Date installation was completed:	NOV. 8,1990			
	*			
9 00				
IF.				
*				
2 1 1 B 10 10 10 10 10 10 10 10 10 10 10 10 10				
K .			J. H.	
*				

Always contact local authorities regarding permit requirements.